

07000126769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

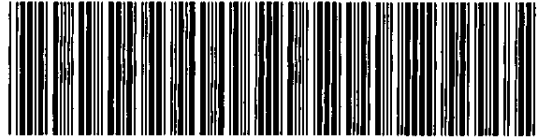
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500116975755

02/05/08--01021--003 \*\*25.00

FILED

08 FEB -5 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 Thomas FEB -6 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DeCruise Mental Healh Group L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DR. Mary DeCruise  
(Name of Person)

DeCruise Mental Health Group L.L.C.  
(Firm/Company)

1490 SW 164 Ave  
(Address)

Pembroke Pines FL, 33027  
(City/State and Zip Code)

For further information concerning this matter, please call:

DR. Mary DeCruise at ( 786 ) 287-8453  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
08 FEB -5 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DeCruise Mental Healh Group L.L.C.

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/23/2007 and assigned  
Florida document number L07000126769.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

DeCruise Mental Health Group L.L.C.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation  
"L.L.C."

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

(Enter Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Caryle DeCruise	1490 SW 164 Ave Pembroke Pines FL, 33027	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Pearlie Moultrie	5006 SW 136th Ave Miramar FL, 33027 MGR	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Caryle DeCruise	1490 SW 164 Ave Pembroke Pines FL, 33027	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Pearlie Moultrie	5006 SW 136th Ave Miramar FL, 33027	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

Dr. Mary DeCruise  
Signature of a member or authorized representative of a member  
Dr. Mary DeCruise  
Typed or printed name of signee

FILED  
08 FEB -5 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA